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FAMILY PLANNING SITUATION ANALYSIS 2007

Executive Summary



The Europe and Eurasia Regional
Family Planning Activity

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The Europe and Eurasia Regional Family Planning Activity is a two-year initiative funded by the U.S. Agency for International Development through contract GHS-I-05-03-00026-00. The Activity is a regional effort to leverage best practices in family planning in order to accelerate program implementation across the region to increase modern contraceptive use and decrease abortion rates.

John Snow, Inc. implements the Europe and Eurasia Regional Family Planning Activity.

The views expressed in this document do not necessarily reflect those of USAID.

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EXECUTIVE SUMMARY

In order to guide early project efforts, USAID's Europe and Eurasia Regional Family Planning Activity conducted a series of country desk reviews to assess the environment for improving family planning (FP) programming in the region. Priority countries were chosen based on need, opportunity, and Mission interest in participating in the regional program. To date, the Activity has completed reviews for Albania, Azerbaijan, Georgia, Kyrgyzstan, and Tajikistan. Each analysis reviewed progress against ten regional family planning best practices. The list of ten family planning policy and program best practices is based on the 2005 Senlet and Kantner report, "An Assessment of USAID Reproductive Health and Family Planning Activities in the Eastern European and Eurasian Region", a current literature review on global best practices and programs, and field interviews in selected countries participating in USAID's Europe and Eurasia Regional Family Planning Activity program.

TEN BEST FAMILY PLANNING PRACTICES IN THE EE/EA REGION

1. **Liberalized provision of FP services.** National health regulations require that family planning counseling and services are readily available through a range of health professionals, including not only obstetricians and gynecologists, but also family doctors, general practitioners, pediatricians and nurse/midwives.
2. **Family planning counseling, services, and contraceptives are part of the Basic Health Benefit Package.** At the primary health care level contraceptives are provided to all women, regardless of ability-to-pay. The country's Essential Drug List includes a mix of different types of contraceptives.
3. **Up-to-date and evidence-based policies, regulations, guidelines, standards and supportive supervision systems are in place to ensure the quality of family planning services at all levels of health care:**
 - a) **Service providers** – A competency-based national qualification system is in place that allows health professionals to provide quality family planning counseling and services;
 - b) **Up-to-date national regulations set minimum standards** for health facilities, equipment, commodities and infection prevention;
 - c) **National guidelines and protocols for family planning counseling and service delivery** are evidence-based, widely available and updated regularly;
 - d) **Effective quality assurance and supportive supervision systems** are in place to ensure the quality of family planning services and strengthen provider performance and support, especially at the primary health care level;
 - e) **National health protocols** require that postpartum and post-abortion women are offered family planning counseling, methods and services;
 - f) **Breastfeeding and the Lactational Amenorrhea Method (LAM)** are promoted as family planning methods.

4. **A broad range of family planning methods are available, accessible, affordable, and acceptable** in both rural and urban areas.
5. **Special programs are in place that are designed to meet the needs of vulnerable target groups**, such as adolescents, internally displaced persons (IDPs), new urban migrants, prostitutes, and the very poor.
6. **Family Planning is part of pre- and in-service training programs for health care providers.** This includes the pre-service training programs in medical universities and technical schools for nurses, as well as in-service training for continuing medical education for doctors and in-service training for re-licensing health professionals, including midwives and nurses.
7. **Contraceptive security is ensured through adequate planning within the government**, guided by a well-functioning Logistics Management Information System (LMIS) that enables targeting of subsidized contraceptives and efficient supply chain management of all contraceptive commodities throughout the country.
8. **Adoption of a “culture” that promotes family planning counseling**, where providers and clients engage in frank and regular conversation about sensitive reproductive health issues and family planning and appropriate services are offered.
9. **Family planning is actively promoted through social marketing and behavior change/social mobilization efforts**, including wide distribution of quality informational materials for clients and “job aids” for providers.
10. **A well-functioning national health management information system** collects, analyses and uses FP data to monitor progress and evaluate and improve program effectiveness.

This overview summarizes general issues affecting family planning programming in the region and analyzes crosscutting needs that could benefit from regional inputs. The overview highlights best practices in each country and makes recommendations for potential action in focal areas to increase utilization of modern contraception and reduce reliance on induced abortion. The overview ends with a summary of recommendations for each country for achieving best practices in family planning.

Across the region, the past decade has been characterized by stabilization, economic expansion, and increased government interest in health care reform. In a majority of countries, health reform has focused on the adaptation of primary health care to emphasize family medicine or group practice, rationalization of health infrastructure, including facilities, equipment, medical commodities, and human resources, and greater attention to the introduction and use of evidence-based medicine, both in clinical settings and medical training.

Donor support for health reform allowed the integration of family planning into PHC services provided by family doctors (FD), general practitioners (GP), and, in some countries, by midwives and nurses. This liberalization of family planning service delivery from obstetricians/gynecologists only to primary health care providers significantly

increased accessibility of family planning services, especially in rural areas. In most countries in the region, family planning is part of the national Basic Health Benefit Package and is provided free of charge. Some countries (e.g., Kyrgyzstan, Kazakhstan) include contraceptives in the essential drug list. Nevertheless, each country is at a different stage of implementing its PHC reforms, ranging from successful national implementation (Romania, Kyrgyzstan, Kazakhstan) to midpoint piloting (Georgia, Russia, Tajikistan, Ukraine) to national health reform planning and reproductive health strategy development (Azerbaijan, Georgia).

Modern contraceptive methods - including combined and progestin-only pills, IUDs, condoms, injectables, and emergency contraceptive pills - are widely available through private pharmaceutical networks, although mostly in urban areas. However, most of these contraceptives are affordable only to higher socioeconomic groups, leaving the majority of the population, especially in rural areas, dependant on a declining supply of contraceptives donated by USAID, UNFPA, and the Global Fund for AIDS, TB, and Malaria, among others.

Although several countries in the region have included contraceptives in their essential drug lists, only Romania and Albania budgets and procures contraceptives for its family planning program. In the short term, to sustain and promote successful family planning programs in the region, especially for vulnerable groups, it is essential for funders to continue donation of contraceptive commodities while working to transfer contraceptive security responsibility to the government. Donor-sponsored development and institutionalization of contraceptive distribution systems have succeeded from establishing well-functioning computerized national contraceptive logistics management information systems (CLMIS) in Romania and Kyrgyzstan to successful CLMIS pilot programs in Georgia, Russia and Ukraine.

Implementation of health reform has required the introduction of modern evidence both in medical training and clinical practice. Most countries in the region have developed and endorsed evidence-based guidelines and protocols for family planning service delivery, with the support of various donors. Several have implemented new national guidelines and protocols (Russia, Romania, Georgia, and Ukraine). However, to date, there are few or no mechanisms for monitoring adherence to the new family planning service protocols or uniform evidence that service providers are fully aware of the new provisions. In most countries, the recently developed guidelines do not include protocols for postpartum and post-abortion family planning service delivery, an area of particular importance given the high reliance on abortion in the region.

Commitment of the health authorities to improving service provider education in family planning is evident in many countries by incorporating the WHO recommendations and other state-of-the-art evidence into in-service medical training curricula on a national level (Russia, Romania, Georgia, Kyrgyzstan), pilot regions (Ukraine, Tajikistan) and, in case of early stage of health reforms, as a clause in the national reproductive health strategy (Azerbaijan). In addition, in some countries existing regulations related to medical licensing require that every provider receive in-service training in family

planning through a continuing medical education program (CME) and take a licensing exam every five years (Georgia, Kyrgyzstan).

In the region, pre-service family planning teaching for undergraduate medical students, as well as postgraduates, has many limitations, including:

- Family planning is not adequately addressed in the teaching curricula, both in terms of evidence-based information and time devoted to its study;
- Pre-service education for many specialties (i.e., obstetrics and gynecology, pediatrics, etc) tends to focus mainly on inpatient (hospital) care with little flexibility for outpatient care and no attention to counseling skills;
- The teaching methodology relies mainly on lectures and provides little opportunity for interactive learning and supervised clinical practice.

As a result, continuous donor support in health education policy development will be essential in the region in order to strengthen and promote best practices in modern medical training.

In the countries reviewed, the existing health quality assurance procedures follow an outdated, punitive model. Supportive supervision (SS) that involves and assists providers to improve the quality of health care services is not widely practiced. For example, a USAID-funded program in Georgia has introduced and developed some elements of supportive supervision practices in pilot facilities. Yet, this pilot supportive supervision system entails only external supervisors' visits and has not yet been institutionalized within the facility itself. Another USAID project in Azerbaijan is implementing quality improvement systems in pilot districts using the COPE¹ methodology developed by Engender Health. COPE enables health teams to assess their own work, become more aware of client needs, and find solutions to problems they encounter. The introduction and institutionalization of supportive supervision and quality improvement methodologies in the region will go a long way to improving and sustaining the quality of newly introduced family planning services at the primary health care level.

Family planning programs including free counseling, services, and contraceptive distribution as well as innovative information, education, and behavior change interventions are widely implemented for vulnerable target groups in all countries. However, in the majority of cases these programs are donor-driven and have little or no financial participation from the local or national governments.

In all countries reviewed, USAID-funded HIV prevention and family planning programs have successfully implemented social marketing of condoms and other contraceptives, with a special focus on high-risk groups including injecting drug users, sex workers and their clients, and youth. However, few examples of comprehensive family planning social marketing programs exist in the region. Awareness-raising campaigns that partner

¹ COPE – Client-Oriented Provider-Efficient: a process and tools for quality improvement in family planning and other reproductive health services. EngenderHealth 1995

with a low-cost generic contraceptive supplier would likely be a good model for replication in other countries in the region.

Based on the above, this overview ends with a summary of recommendations for each country for achieving best practices in family planning. When assessed in light of the ten recommended regional family planning best practices, the authors recommend that:

- **Albania** expands method choice and access, especially for long-term and permanent methods; standardizes its postpartum/post-abortion family planning counseling and services; develops up-to-date, evidence-based family planning protocols and standards; strengthens pre-service family planning training and institutionalizes in-service family planning training, continues to move forward towards achieving contraceptive security; and continues its social marketing and behavior change communication (BCC) efforts.
- **Azerbaijan** expands the range of service providers delivering family planning services; improves training for providers; includes family planning services and commodities in the basic health service package; develops and implement policies, norms, and standards supportive of quality family planning service delivery; strengthens pre-service FP training; expands method mix; improves access to subsidized methods for the poor and other vulnerable groups; strengthens contraceptive security, and scales up of community mobilization, social marketing, and data collection and analysis efforts.
- **Georgia** works toward achieving national scale up of family planning services offered at the primary health care (PHC) level; improves quality training of providers; includes family planning services and commodities in basic health service packages, the essential drug list (EDL) and financing reform schemes; implements newly approved supportive policies and protocols in pilot districts; improves service quality and supportive supervision mechanisms; strengthens pre-service teaching for family planning; expands access to subsidized methods for vulnerable populations; harmonizes existing logistics management information systems (LMIS) and scales up their implementation, including incorporation into the national health management information system; and scales up social marketing and other information, education, and communication/behavior change communication (IEC/BCC) efforts.
- **Kyrgyzstan** extends the number and range of service providers delivering intrauterine device (IUD) services at the primary health care level and improves training for providers; expands free or low-cost access to contraceptives for the uninsured; further develops and implements evidence-based supportive policies, norms, and standards for service delivery; improves promotion of the lactational amenorrhea contraceptive method (LAM), postabortion and postpartum contraception, and voluntary female sterilization (VFS); includes contraceptive security plans in the national reproductive health (RH) strategy; and scales up community mobilization and social marketing efforts.

- **Tajikistan** prioritizes the quality and no-cost nature of public-sector services to current and potential clients; implements improved standards, norms, guidelines, and protocols for service provision; scales up promotion of modern contraceptive methods, including voluntary female sterilization and the lactational amenorrhea method (LAM); expands outreach to vulnerable groups; enhances training for service providers, including pharmacists; improves management of contraceptive procurement and logistics; explores options for improving social marketing and family planning counseling; and improves the collection, analysis, and use of data for decision making.

In summary, countries in the Eastern Europe and Eurasia region are demonstrating their commitment to improving access to and the quality of family planning services. Although individual countries differ in the extent to which they have institutionalized specific service reforms -- as outlined in ten best regional family planning practices -- their collective efforts can guide future inputs that will benefit both individual country programs and regional achievements.

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